Combitube



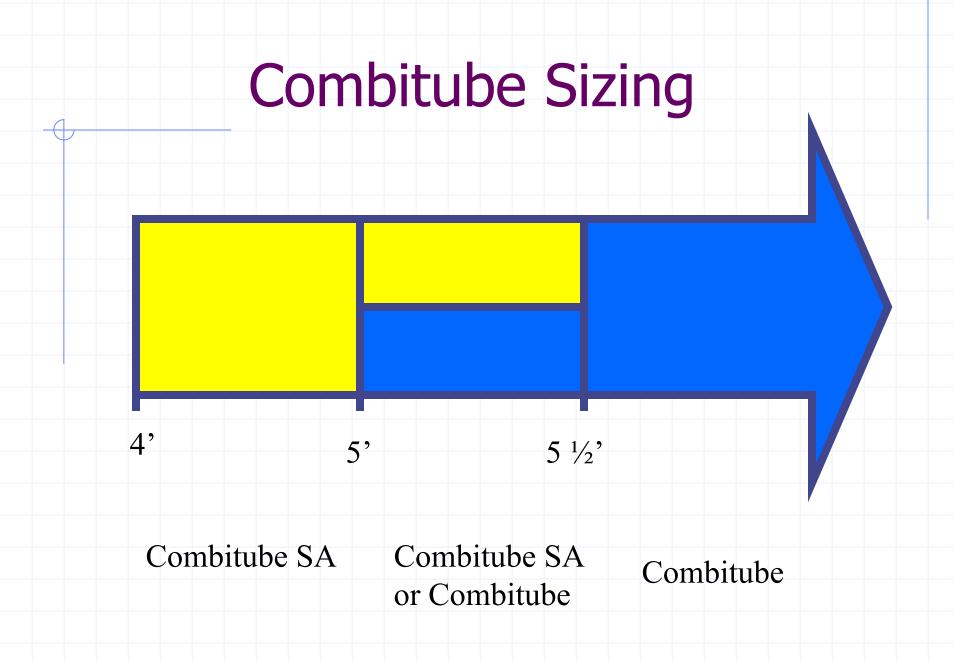
By: Brian Longe

Objectives

- To review the Indications and Contraindications for the Combitube
- To review the Indications and Contraindications for the Combitube SA
- To discuss the differences between the Combitube and the Combitube SA
- To review placement of the Combitube SA

Combitube vs. Combitube SA

- 1) Work for different height ranges with some overlap.
- 2) Use different Inflation volumes for the balloons.



Combitube Inflation Volumes

Combitube

Combitube SA

- Blue pilot balloon –100 ml
- White pilot balloon –15 ml
- Blue pilot balloon –85 ml
- White pilot balloon –12 ml

Indications

Combitube

Combitube SA

Apneic patient over5' tall

Apneic patient over
4' tall but not taller
than 5 ½'

Contraindications

Combitube

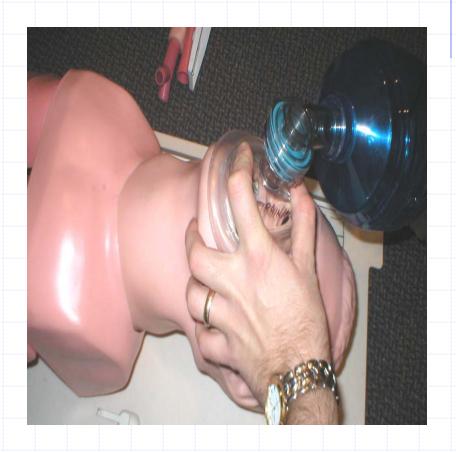
- Pt is Responsive
- Intact Gag Reflex
- Known Esophageal Disease
- Ingestion of Caustic Substances
- Pts. Under 5' tall

Combitube SA

- Pt is Responsive
- Intact Gag Reflex
- Known Esophageal Disease
- Ingestion of Caustic Substances
- Pts. Under 4' tall or taller than 5 1/2'

Combitube SA Insertion

1) Begin artificial respirations or CPR



2) Prior to insertion, test cuff integrity by inflating each cuff. Inflate the blue pilot balloon (pharyngeal cuff) to 85 ml and the white pilot balloon (distal cuff) to 12 ml. Check for leaks and deflate.



3) Lubricate the tube with a water soluble lubricant such as Surgi-lube or KY Jelly



4) In the supine position, lift the tongue and jaw upward with one hand – use caution not to cut your fingers on sharp / broken teeth or to be bitten during Seizure activity.



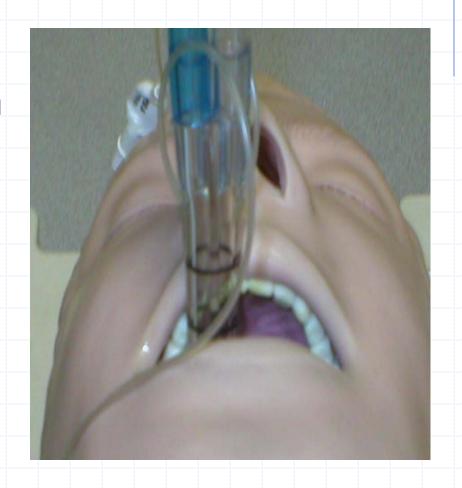
5) With the other hand hold the Combitube so that it curves in the same direction as the natural curve of the patients airway.



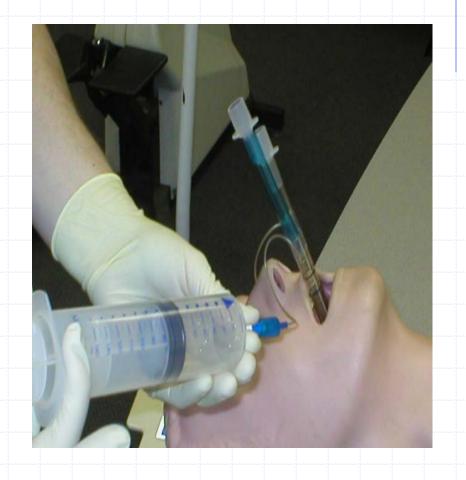
6) Maintain a midline position with the tube and insert the tip into the mouth.Continue advancing in a curved motion...



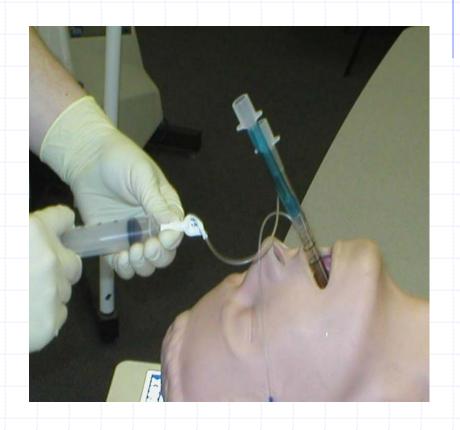
7) Until the teeth or gum line lie between the two black bands.



8) Inflate the Blue pilot balloon with 85 ml of air using the large syringe. The Combitube may lift slightly out of the patients mouth — this is normal.



9) Inflate the white pilot balloon with 12 ml of air using the smaller syringe.



10) Begin ventilating through the blue # 1 port. If + breath sounds are heard and – gastric sounds are heard then the tube is in the esophagus and you should continue to ventilate as you are.



11) If – breath sounds and + gastric sounds are heard then begin to ventilate through the clear or # 2 port. Now if + breath sounds and gastric sounds the you are in the Trachea and should continue to ventilate through tube # 2.



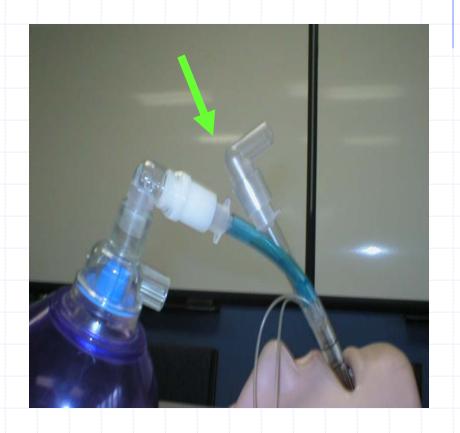
12) If no breath sounds or gastric sounds are heard after ventilation through both tubes then the tube may have been advanced too far into the Pharynx.



13) Deflate the blue #1 pilot balloon and pull the Combitube back approx. 1-2 cm (1"). Re-Inflate the balloon with 85 ml of air and retry ventilating through tube # 1.



14) If after confirming your placement you are continuing to ventilate through tube # 1 (Blue) you may wish to attach the clear elbow to tube #2 to direct any vomit away from the crew.



Review

- What are the Indications for use of the Combitube SA?
- What are the Contra-Indications for the Combitube SA?
- What is the height range for the Combitube SA?
- What is the Inflation volume for the Pharyngeal balloon?

Review cont...

What is the Inflation volume for the Distal White balloon?

